

**RECEIVED
CENTRAL FAX CENTER**

MAR 24 2006

SCHWEGMAN ■ LUNDBERG ■ WOESSNER ■ KLUTH

PATENT, TRADEMARK & COPYRIGHT ATTORNEYS

P.O. Box 2938

Minneapolis, MN 55402

Telephone (612) 373-6900 Facsimile (612) 339-3061

March 24, 2006

**TO: Commissioner for Patents
Attn: Shawki S. Ismail
Patent Examining Corps
Facsimile Center
P.O. Box 1450
Alexandria, VA 22313-1450**

FROM: Andre L. Marais

OUR REF: 2046.084US1

TELEPHONE: 571-272-3958

FAX NUMBER (571) 273-8300

*** Please deliver to Examiner Shawki S. Ismail in Art Unit 2155. ***

Document(s) Transmitted: Request for Withdrawal as Attorney or Agent (1 pg.).

Total pages of this transmission, including cover letter: 2 pgs.

If you do NOT receive all of the pages described above, please telephone us at 612-373-6900 or fax us at 612-339-3061.

In re. Patent Application of: Yan Zhao

Examiner: Shawki S. Ismail

Serial No.: 09/776,478

Group Art Unit: 2155

Filed: February 2, 2001

Docket No.: 2046.084US1

**Title: CLIENT/SERVER TWO-WAY COMMUNICATION SYSTEM FRAMEWORK
UNDER HTTP PROTOCOL**

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Melissa A. Schoenberger

Date of Transmission

RECEIVED
CENTRAL FAX CENTER

MAR 24 2006

PTO/SB/83 (01-05)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/776,478
Filing Date	February 2, 2001
First Named Inventor	Yan Zhao
Art Unit	2155
Examiner Name	Shawki Saif Ismail
Attorney Docket Number	2046.084US1

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 21186

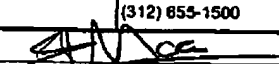
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are **Discontinuation of attorney/client relationship.**

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Welsh & Katz, Ltd.				
Address	120 South Riverside Plaza 22nd Floor				
City	Chicago	State	IL	Zip	60606
Country	USA				
Telephone	(312) 655-1500			Email	jascheer@welshkatz.com
Signature					
Name	Andre L. Marais			Registration No.	48,095
Date	03/08/06			Telephone No.	(612) 373-6900

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.